

EXHIBIT A-6

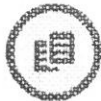
To: modifications
Fax: 8009471421

From: Jessica Stoler

Notes: important. time sensitive. loan modification forms

Faxed from a **STAPLES** Business Center

All these services and more available at your local store:



Copy



Fax

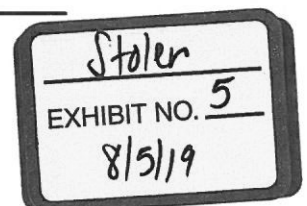


Print



Scan

Date and Time of Transmission: 6/13/2017 8:21:52 AM
Number of Pages including this cover sheet: 14



STOLER_PENNYMAC_000854

800-947-1421

Mortgage Assistance Application**IMPORTANT** – All sections/fields of the application must be complete. Use "0" or "N/A" if a category doesn't apply to you.

- ALL borrowers on the Note/Loan must provide application information and supporting documentation.
- If you are not on the Note/Loan and are completing this application, provide a detailed explanation and relevant documents. (For example: Divorce Decree, Death Certificate and Probate documents, recorded Quitclaim Deed)

For additional foreclosure prevention information and assistance, including a list of HUD-approved housing counselors, contact:

- The US Department of Housing and Urban Development at (800) 569-4287 or www.hud.gov/counseling.
- Homeowners' HOPE Hotline (888) 995-HOPE – Call this hotline and let a HUD-approved housing counselor help you understand your options, prepare your application, and help you work with PennyMac to complete your paperwork.

5178

Borrower Information

Borrower's name: Jessica Stoler Co-Borrower's name: _____

Social Security Number (last 4 digits): _____ Social Security Number (last 4 digits): _____

Daytime phone number: 304 989 0516 ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work

Alternate phone number: _____ E-mail address: _____

E-mail address: jessica.eary@yphoo E-mail address: _____

Preferred contact method: ☒ Phone ☐ Email ☐ Text

*By providing your cell phone number(s), you are giving PennyMac, and companies working on its behalf, permission to contact you at this number about any PennyMac account. Your consent permits the use of text messaging, artificial or prerecorded voice messages and automatic dialing technology. Message and data rates may apply. You may contact us at any time to change these preferences.

Is any borrower an active duty service member, the dependent of an active duty service member, or the surviving spouse or dependent of a service member, who was on active duty at the time of death? ☐ Yes ☒ No

Are you working with a 3rd party that's authorized to speak on your behalf during the modification review process? ☐ Yes ☒ No

If yes, provide: Name _____ Phone Number: _____

E-mail address: _____

Property Information

Property Address: 2122 21st St.

Mailing address (if different from property address): _____

The property is currently: ☒ A primary residence ☐ A second home ☐ An investment property

The property is (select all that apply): ☐ Owner occupied ☐ Renter occupied ☐ Vacant

Number of people in household: _____

Borrower's preference: ☒ Keep the property ☐ Sell or transfer the property ☐ Undecided

Is the property listed for sale? ☐ Yes ☒ No; If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners association (HOA) fees? ☐ Yes ☒ No. If yes, provide the most recent account statement and indicate dues and frequency: \$ _____ ☐ Monthly ☐ Quarterly ☐ Annually

NOTE: If your homeowners insurance is not included in your mortgage payment, include a copy of your insurance declaration page.

Page 1 of 6

STOLER PENNYMAC_000855

Hardship Information

Hardship is defined as a decrease in income or an increase in expenses that make it difficult for you to afford your mortgage payments. Answering the following questions will help us better assess your financial hardships and determine what relief options are right for you.

The hardship causing mortgage payment challenges began on approximately (date) 4-1-17 and is believed to be:
☐ Short-term (up to 6 months) ☒ Long-term or permanent (greater than 6 months) ☐ Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input checked="" type="checkbox"/> Unemployment	<ul style="list-style-type: none"> A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits
<input checked="" type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	Documentation to show decreased income. For example: <ul style="list-style-type: none"> Paystubs before and after hardship date reflecting decrease in income Lay Off/Separation Notice from employer Loss of child support or alimony benefits
<input type="checkbox"/> Increase in expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, increased mortgage payment, HOA special assessment), OR increase of personal expenses	Documentation to support the increased expense. For example: <ul style="list-style-type: none"> Uninsured home repairs Car repairs Medical bills/receipts (do not provide medical records or details of your illness/disability)
<input type="checkbox"/> Long-term or permanent disability, serious illness of a borrower/co-borrower or dependent family member	Do not provide medical records or details of your illness/disability <ul style="list-style-type: none"> If you are experiencing a reduction in income due to disability or illness, provide documentation to show the income change (before and after the reduction) If you are experiencing increased expenses due to disability or illness, provide bills or other documentation that show expense amounts and duration
<input type="checkbox"/> Disaster (natural or man-made) impacting the property, the customer's place of employment, or the property/employment of any other applicable party.	<ul style="list-style-type: none"> Insurance claim documentation, OR FEMA grant or Small Business Administration loan documents, OR Customer or employer property in federally-declared disaster area
<input checked="" type="checkbox"/> Divorce or legal separation; Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law <i>Note: all borrowers of record may still be required to sign any modification agreement</i>	<ul style="list-style-type: none"> Final divorce decree or final separation agreement Recorded quitclaim deed Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Business failure	<ul style="list-style-type: none"> Tax returns from previous year (all schedules) or IRS Form 4506-T(*), Most recent signed and dated quarterly or year-to-date profit and loss statement <p>* IRS Form 4506-T can be obtained from our web-site (pennymacusa.com) or the IRS website (www.irs.gov/pub/irs-pdf/f4506t.pdf)</p>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> Death certificate or other evidence of death
<input type="checkbox"/> Distant employment transfer / relocation	<ul style="list-style-type: none"> Proof of transfer OR Military Permanent Change of Station (PCS)
<input type="checkbox"/> Other - hardship that is not covered above: (Attach an additional page if needed)	<ul style="list-style-type: none"> Any relevant documentation to support your hardship not covered above. Hardship is defined as a decrease in income or an increase in expenses.

Household Income

MONTHLY TOTAL HOUSEHOLD INCOME TYPE & AMOUNT			REQUIRED INCOME DOCUMENTATION
Are you receiving any form of income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (see "required income documentation")	Borrower	Co-Borrower or Income Contributor	If yes, complete this section and include required documentation. If no, provide an explanation.
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses If you're a teacher, indicate the number of months you are paid: _____	\$ 3080.00 weekly	\$	<ul style="list-style-type: none"> Include paystubs reflecting the most recent 30 days, or four weeks, of earnings for all employers and Documentation reflecting year-to-date earnings, if not reported on the paystubs (signed letter or print out from employer) USDA loans (Rural Housing) also require your most recent W2 or form IRS Form 4506-T (* see below)
Self-employment income * 4506-T can be obtained from our web-site (pennymacusa.com) or IRS website (www.irs.gov/pub/irs-pdf/f4506t.pdf)	\$	\$	<ul style="list-style-type: none"> Most recent signed and dated quarterly OR year-to-date Profit and Loss Statement AND Most recent complete business tax return OR Most recent complete and signed individual federal income tax return OR IRS Form 4506-T (*) VA loans require 2 years of above documentation
Unemployment income	\$ 331.00 weekly	\$	<ul style="list-style-type: none"> Benefits statement or letter detailing the amount, frequency and duration of unemployment benefits
Social Security, pension, disability, death benefits, adoption assistance, housing allowance, other public assistance	\$	\$	<ul style="list-style-type: none"> Award letters, Benefit Statement or other documentation showing the amount and frequency of the benefits OR Two most recent bank statements showing direct deposit amounts (or 2 recent cancelled checks)
Rental income (Rents received, less expenses other than mortgage) If taxes, insurance and HOA are not included in your mortgage, provide copies of most recent bill(s)	\$	\$	<ul style="list-style-type: none"> Lease Agreement AND Mortgage Statement Two most recent bank statements demonstrating receipt of rent OR Two most recent cancelled rent checks Is rental income likely to continue for 12 months minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Investment or insurance income	\$	\$	<ul style="list-style-type: none"> Two most recent investment statements OR Two most recent bank statements supporting receipt of the income
Other income (You are not required to disclose Child Support, Alimony or Separation Maintenance Income, unless you choose to have it considered as income for your loan assistance request)	\$	\$	<ul style="list-style-type: none"> Two most recent bank statements showing receipt of income OR Other documentation showing the amount and frequency of the income

Household Assets – excluding retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts, such as a 529 plan.

Checking account(s) and cash on hand Savings, money market funds, and Certificates of Deposit (CDs)	\$ 6,000
Stocks and bonds (non-retirement accounts), Other (e.g. other real estate you own):	\$

Recent Employment Information

Provide prior 12 months of employment (VA loans require 24 months). Attach an additional page if needed.

BORROWER		CO-BORROWER	
Are you currently employed? (Y/N) <u>(Y)</u>	Are you self-employed? (Y/N) <u>(Y)</u>	Are you currently employed? (Y/N)	Are you self-employed? (Y/N)
Current/Most recent employer name: <u>CDI Corp</u>		Current/Most recent employer name:	
Business Address: <u>125 Lakewood Dr</u>		Business Address:	
Business Phone #: <u>304-776-3834</u>		Business Phone #:	
Monthly Income (before tax): \$ <u>2500</u>		Monthly Income (before tax): \$	
Start Date (MM/DD/YY): <u>1/12</u>	End Date (MM/DD/YY): <u>5/17</u>	Start Date (MM/DD/YY):	End Date (MM/DD/YY):
Prior Employer Name:		Prior Employer Name:	
Business Address:		Business Address:	
Business Phone #:		Business Phone #:	
Monthly Income (before tax): \$		Monthly Income (before tax): \$	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):

Expense Information

Provide monthly amounts below. (We may require supporting documentation.)

Expense Category	N/A	Monthly Payment
Child Care		\$
Personal Loans		\$
Gas for home		\$ <u>20.</u>
Water and Electric		\$ <u>200.</u>
Home Phone		\$
Cell Phone		\$
Cable		\$
Internet		\$
Trash		\$

Expense Category (cont)	N/A	Monthly Payment
Sewer		\$ <u>50.</u>
Auto Gas		\$
Auto Insurance		\$
Uninsured Medical Expenses		\$
Life Insurance (not deducted from paycheck)		\$
Health Insurance (not deducted from paycheck)		\$
Child Support		\$
Alimony		\$
Other (specific)		\$

Acknowledgment and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I may be required to provide additional supporting documentation. I will provide all requested documents no later than the due date specified in the document request.
3. PennyMac will use the information I am providing to determine if I'm eligible for mortgage assistance, but PennyMac isn't obligated to offer me assistance based solely on the statements in this or any other document I've sent as part of this request.
4. PennyMac or its authorized agents may obtain a current credit report for me.
5. I consent to the disclosure by PennyMac, and its authorized agents, of any of my personal information collected during the mortgage assistance process and information about any relief I receive, to any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them. Personal information may include, but is not limited to: (a) my name, address, telephone number; (b) my Social Security number; (c) my credit score; (d) my income; and (e) my payment history and information about my account balances and activity.
6. The property securing the mortgage for which I'm requesting assistance is able to be lived in and hasn't been or isn't at risk of being condemned.
7. If I, or someone on my behalf, has submitted a Fair Debt Collection Practices Act Cease and Desist notice to PennyMac, I withdraw that notice and understand that PennyMac must contact me throughout the mortgage assistance process.
8. If I'm eligible for an assistance option that requires an escrow account to pay property taxes and/or hazard insurance and my loan didn't have one, PennyMac may establish one to make tax and/or insurance payments on my behalf.
9. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to PennyMac or its authorized agents.
10. I understand that if I have misrepresented any fact(s) in connection with this document, PennyMac may cancel any Agreement, proceed with foreclosure on my home, and/or pursue any other available legal remedies.

Borrower signature: J Stoler

Co-Borrower signature: _____

Date: 6-8-17

Date: _____

Non-Borrower (Income Contributor) Authorization Form (If indicated on Income page)

The undersigned Non-Borrower authorizes PennyMac Loan Services, LLC to obtain, share, and release, as provided above, his/her public and non-public personal information including (but not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Non-Borrower.

I reside in the home at _____ and request my income be included in the review for a modification on the loan secured by the property address that is the subject of this application for mortgage assistance. I consent to allow PennyMac or its authorized agents to order a current credit report for me in connection with this application for mortgage assistance.

_____/_____/_____/_____/_____/_____/	_____/_____/_____/_____/_____/_____/
Name	Relationship to Borrower Social Security Number Contribution Amount Signature Date

_____/_____/_____/_____/_____/_____/	_____/_____/_____/_____/_____/_____/
Name	Relationship to Borrower Social Security Number Contribution Amount Signature Date

my boyfriend resides in the home but can't sign above due to hospitalization for two months. See documents following

Page 5 of 6

STOLER PENNYMAC_000859

Leave Claim # 35503035

2 Reference to your employer extends to Aetna in its capacity as your employer's third party administrator.

SECTION II: For Completion by the HEALTH CARE PROVIDER:

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient, referred to here as "the employee," has requested leave under the FMLA. Please answer all applicable sections fully and completely. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the employee. Be as specific as you can; terms such as "as medically necessary," "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. *Please limit your responses to the condition for which the employee is seeking leave*, and be sure to sign the form on the last page.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee's Name: William Withrow
 Provider's name and business address: Pulmonary Associates of
Chas.
 Type of practice / Medical specialty: Critical Care
 Telephone: (304) 400-4545 Fax: ()

PART A: MEDICAL FACTS

1. Please provide the following information regarding the employee's medical condition.

Approximate date condition commenced: 4/16/17

Probable duration of condition: 2 months

Mark below as applicable:

Was the employee admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☐ No ☒ Yes If yes, dates of admission and duration of stay:

4/16/17 to now (still admitted)

Date(s) you treated the employee for the condition requiring leave: While in care

Most recent date of treatment by you or another provider: 5/17/17

Will the employee need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes

Will the employee need to be treated again in the future for this condition? Please provide dates of any such treatments that have been scheduled, or, if no future treatments have been scheduled, please indicate when and how often they will be needed.

Yes.

Has medication, other than over-the-counter medication, been prescribed? ☐ No ☒ Yes

Has the employee been referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☐ No ☒ Yes

FML Cert-EOI (01-12)
Page 2 of 5

STOLER PENNYMAC_000860

PART B: AMOUNT AND NATURE OF LEAVE NEEDED

6. When will the employee be incapacitated from work? (Please select and complete one of the options below.)

☒ From Now through 6-12 mo, with an expected return to work on unknown

(If the employee will also need to be absent from work intermittently due to his or her condition before or after this time period, please complete question 7. If the employee will need to work a consistently reduced number of hours due to his or her condition before or after this time period, please complete question 8.)

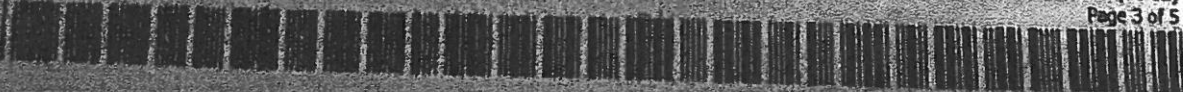
☐ Beginning on 4/16/17 and lasting for the following amount of time: unknown

(If the employee will also need to be absent from work intermittently due to his or her condition before or after this time period, please complete question 7. If the employee will need to work a consistently reduced number of hours due to his or her condition before or after this time period, please complete question 8.)

☒ The employee is or will be incapacitated intermittently, not for a specific timeframe. (Please complete question 7.)

☐ The employee can continue working, but will need to work a consistently reduced number of hours per day or per week. (Please complete question 8.)

PHL Cert-EOI (01-12)
Page 3 of 5



STOLER PENNYMAC_000861

6/13/2017 8:22:05 AM PAGE 8/014 Fax Server

Staples Kiosk

Nitro Public Library

1700 Park Avenue Nitro, WV 25143-2500

(304) 755-4432

Fax: (304) 755-5130

FAX

DATE: 6-13-17
TO: modifications - PennyMac
FAX #: 800-947-1421
FROM: Jessica Stoler

MESSAGE: Important - Time
Sensitive modifications

Transmitting a total of ____ pages including this page if you do not receive all the pages, please contact us immediately. Thank you.

800-947-1421

Mortgage Assistance Application

IMPORTANT - All sections/fields of the application must be complete. Use "0" or "N/A" if a category doesn't apply to you.

- ALL borrowers on the Note/Loan must provide application information and supporting documentation.
- If you are not on the Note/Loan and are completing this application, provide a detailed explanation and relevant documents. (For example: **Divorce Decree, Death Certificate and Probate documents, recorded Quitclaim Deed**)

For additional foreclosure prevention information and assistance, including a list of HUD-approved housing counselors, contact:

- The US Department of Housing and Urban Development at (800) 569-4287 or www.hud.gov/counseling
- Homeowners' HOPE Hotline (888) 995-HOPE - Call this hotline and let a HUD-approved housing counselor help you understand your options, prepare your application, and help you work with PennyMac to complete your paperwork.

5178

Borrower Information

Borrower's name: Jessica Stoler Co-Borrower's name: _____
 Social Security Number (last 4 digits): [REDACTED] Social Security Number (last 4 digits): _____
 Daytime phone number: 304 989 0516 Daytime phone number: _____
 Alternate phone number: _____ Alternate phone number: _____
 E-mail address: jessica.early@yahoo E-mail address: _____
 Preferred contact method: ☒ Phone ☐ Email ☐ Text

*By providing your cell phone number(s), you are giving PennyMac, and companies working on its behalf, permission to contact you at this number about any PennyMac account. Your consent permits the use of text messaging, artificial or prerecorded voice messages and automatic dialing technology. Message and data rates may apply. You may contact us at any time to change these preferences.

Is any borrower an active duty service member, the dependent of an active duty service member, or the surviving spouse or dependent of a service member, who was on active duty at the time of death? ☐ Yes ☒ No

Are you working with a 3rd party that's authorized to speak on your behalf during the modification review process? ☐ Yes ☒ No

If yes, provide: Name _____ Phone Number: _____
 E-mail address: _____

Property Information

Property Address: 2122 21st St.

Mailing address (if different from property address): _____

The property is currently: ☒ A primary residence ☐ A second home ☐ An investment property

The property is (select all that apply): ☐ Owner occupied ☐ Renter occupied ☐ Vacant

Number of people in household: _____

Borrower's preference: ☐ Keep the property ☐ Sell or transfer the property ☐ Undecided

Is the property listed for sale? ☐ Yes ☒ No, if yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners association (HOA) fees? ☐ Yes ☒ No If yes, provide the most recent account statement and indicate dues and frequency: \$ _____ ☐ Monthly ☐ Quarterly ☐ Annually

NOTE: If your homeowners insurance is not included in your mortgage payment, include a copy of your insurance declaration page.

Hardship Information

Hardship is defined as a decrease in income or an increase in expenses that make it difficult for you to afford your mortgage payments. Answering the following questions will help us better assess your financial hardships and determine what relief options are right for you.

The hardship causing mortgage payment challenges began on approximately (date) 4-1-17 and is believed to be:
☐ Short-term (up to 6 months) ☒ Long-term or permanent (greater than 6 months) ☐ Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input checked="" type="checkbox"/> Unemployment <input checked="" type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay) <input type="checkbox"/> Increase in expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, increased mortgage payment, HOA special assessment), OR increase of personal expenses	<ul style="list-style-type: none"> A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits <p>Documentation to show decreased income. For example:</p> <ul style="list-style-type: none"> Paystubs before and after hardship date reflecting decrease in income Lay Off/Separation Notice from employer Loss of child support or alimony benefits <p>Documentation to support the increased expense. For example:</p> <ul style="list-style-type: none"> Uninsured home repairs Car repairs Medical bills/receipts (do not provide medical records or details of your illness/disability)
<input type="checkbox"/> Long-term or permanent disability, serious illness of a borrower/co-borrower or dependent family member	<p>Do not provide medical records or details of your illness/disability</p> <ul style="list-style-type: none"> If you are experiencing a reduction in income due to disability or illness, provide documentation to show the income change (before and after the reduction) If you are experiencing increased expenses due to disability or illness, provide bills or other documentation that show expense amounts and duration
<input type="checkbox"/> Disaster (natural or man-made) impacting the property, the customer's place of employment, or the property/employment of any other applicable party	<ul style="list-style-type: none"> Insurance claim documentation, OR FEMA grant or Small Business Administration loan documents, OR Customer or employer property in federally-declared disaster area
<input checked="" type="checkbox"/> Divorce or legal separation; Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law <i>Note: all borrowers of record may still be required to sign any modification agreement</i> <input type="checkbox"/> Business failure	<ul style="list-style-type: none"> Final divorce decree or final separation agreement Recorded quitclaim deed Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property <p>• Tax returns from previous year (all schedules) or IRS Form 4506-T (*), • Most recent signed and dated quarterly or year-to-date profit and loss statement * IRS Form 4506-T can be obtained from our web-site (pennymacusa.com) or the IRS website (www.irs.gov/pub/irs-pdf/t4506t.pdf)</p>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> Death certificate or other evidence of death
<input type="checkbox"/> Distant employment transfer / relocation	<ul style="list-style-type: none"> Proof of transfer OR Military Permanent Change of Station (PCS)
<input type="checkbox"/> Other - hardship that is not covered above: (Attach an additional page if needed)	<ul style="list-style-type: none"> Any relevant documentation to support your hardship not covered above. Hardship is defined as a decrease in income or an increase in expenses.

Household Income

MONTHLY TOTAL HOUSEHOLD INCOME TYPE & AMOUNT			REQUIRED INCOME DOCUMENTATION
<p>Are you receiving any form of income?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(see "required income documentation")</p> <p>Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses</p> <p>If you're a teacher, indicate the number of months you are paid: _____</p>	<p>Borrower</p> <p>\$</p> <p>30800 weekly</p>	<p>Co-Borrower or Income Contributor</p> <p>\$</p>	<p>If yes, complete this section and include required documentation.</p> <p>If no, provide an explanation.</p> <ul style="list-style-type: none"> Include paystubs reflecting the most recent 30 days, or four weeks, of earnings for all employers and Documentation reflecting year-to-date earnings, if not reported on the paystubs (signed letter or print out from employer) USDA loans (Rural Housing) also require your most recent W2 or form IRS Form 4506-T (* see below)
<p>Self-employment income</p> <p>* 4506-T can be obtained from our web site (pennymacusa.com) or IRS website (www.irs.gov/pub/irs-pdf/f4506t.pdf)</p>	<p>\$</p>	<p>\$</p>	<ul style="list-style-type: none"> Most recent signed and dated quarterly OR year-to-date Profit and Loss Statement AND Most recent complete business tax return OR Most recent complete and signed individual federal income tax return OR IRS Form 4506-T (*) VA loans require 2 years of above documentation
<p>Unemployment income</p> <p>Social Security, pension, disability, death benefits, adoption assistance, housing allowance, other public assistance</p>	<p>\$</p> <p>331. weekly</p> <p>\$</p>	<p>\$</p> <p>\$</p>	<ul style="list-style-type: none"> Benefits statement or letter detailing the amount, frequency and duration of unemployment benefits Award letters, Benefit Statement or other documentation showing the amount and frequency of the benefits OR Two most recent bank statements showing direct deposit amounts (or 2 recent cancelled checks)
<p>Rental income (Rents received, less expenses other than mortgage)</p> <p>If taxes, insurance and HOA are not included in your mortgage, provide copies of most recent bill(s)</p>	<p>\$</p>	<p>\$</p>	<ul style="list-style-type: none"> Lease Agreement AND Mortgage Statement Two most recent bank statements demonstrating receipt of rent OR Two most recent cancelled rent checks Is rental income likely to continue for 12 months minimum? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Investment or Insurance income</p>	<p>\$</p>	<p>\$</p>	<ul style="list-style-type: none"> Two most recent investment statements OR Two most recent bank statements supporting receipt of the income
<p>Other Income (You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered as income for your loan assistance request)</p>	<p>\$</p>	<p>\$</p>	<ul style="list-style-type: none"> Two most recent bank statements showing receipt of income OR Other documentation showing the amount and frequency of the income

Household Assets - excluding retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts, such as a 529 plan.

Checking account(s) and cash on hand	\$ 16.00
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts), Other (e.g. other real estate you own):	\$

Recent Employment Information

Provide prior 12 months of employment (VA loans require 24 months). Attach an additional page if needed.

BORROWER		CO-BORROWER	
Are you currently employed? (Y/N) (N)	Are you self-employed? (Y/N) (N)	Are you currently employed? (Y/N)	Are you self-employed? (Y/N)
Current/Most recent employer name: CDI Corp		Current/Most recent employer name:	
Business Address: 125 Lakewood Dr		Business Address:	
Business Phone #: 304-776-3834		Business Phone #:	
Monthly Income (before tax): \$ 2500		Monthly Income (before tax): \$	
Start Date (MM/DD/YY): 11/2	End Date (MM/DD/YY): 5/17	Start Date (MM/DD/YY):	End Date (MM/DD/YY):
Prior Employer Name:		Prior Employer Name:	
Business Address:		Business Address:	
Business Phone #:		Business Phone #:	
Monthly Income (before tax): \$		Monthly Income (before tax): \$	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):

Expense Information

Provide monthly amounts below. (We may require supporting documentation.)

Expense Category	N/A	Monthly Payment
Child Care		\$
Personal Loans		\$
Gas for home		\$ 20.
Water and Electric		\$ 200.
Home Phone		\$
Cell Phone		\$
Cable		\$
Internet		\$
Trash		\$

Expense Category (cont)	N/A	Monthly Payment
Sewer		\$ 50.
Auto Gas		\$
Auto Insurance		\$
Uninsured Medical Expenses		\$
Life Insurance (not deducted from paycheck)		\$
Health Insurance (not deducted from paycheck)		\$
Child Support		\$
Alimony		\$
Other (specific)		\$

Acknowledgment and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I may be required to provide additional supporting documentation. I will provide all requested documents no later than the due date specified in the document request.
3. PennyMac will use the information I am providing to determine if I'm eligible for mortgage assistance, but PennyMac isn't obligated to offer me assistance based solely on the statements in this or any other document I've sent as part of this request.
4. PennyMac or its authorized agents may obtain a current credit report for me.
5. I consent to the disclosure by PennyMac, and its authorized agents, of any of my personal information collected during the mortgage assistance process and information about any relief I receive, to any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them. Personal information may include, but is not limited to: (a) my name, address, telephone number; (b) my Social Security number; (c) my credit score; (d) my income; and (e) my payment history and information about my account balances and activity.
6. The property securing the mortgage for which I'm requesting assistance is able to be lived in and hasn't been or isn't at risk of being condemned.
7. If I, or someone on my behalf, has submitted a Fair Debt Collection Practices Act Cease and Desist notice to PennyMac, I withdraw that notice and understand that PennyMac must contact me throughout the mortgage assistance process.
8. If I'm eligible for an assistance option that requires an escrow account to pay property taxes and/or hazard insurance and my loan didn't have one, PennyMac may establish one to make tax and/or insurance payments on my behalf.
9. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to PennyMac or its authorized agents.
10. I understand that if I have misrepresented any fact(s) in connection with this document, PennyMac may cancel any Agreement, proceed with foreclosure on my home, and/or pursue any other available legal remedies.

Borrower signature:

Date: 6-8-17

Co-Borrower signature

Date: _____

Non-Borrower (Income Contributor) Authorization Form (If indicated on Income page)

The undersigned Non-Borrower authorizes **PennyMac Loan Services, LLC** to obtain, share, and release, as provided above, his/her public and non-public personal information including (but not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Non-Borrower.

I reside in the home at _____ and request my income be included in the review for a modification on the loan secured by the property address that is the subject of this application for mortgage assistance. I consent to allow PennyMac or its authorized agents to order a current credit report for me in connection with this application for mortgage assistance.

Name	Relationship to Borrower	Social Security Number	Contribution Amount	Signature	Date
------	--------------------------	------------------------	---------------------	-----------	------

Name _____ Relationship to Borrower _____ Social Security Number _____ Contribution Amount _____ Signature _____ Date _____

my boyfriend resides in the
home but can't sign above due
to hospitalization for two
months. See documents following

Leave Cert. 34503035

² Reference to your employer extends to Aetna in its capacity as your employer's third party administrator.

SECTION II: For Completion by the HEALTH CARE PROVIDER:

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient, referred to here as "the employee," has requested leave under the FMLA. Please answer all applicable sections fully and completely. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the employee. Be as specific as you can; terms such as "as medically necessary," "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. *Please limit your responses to the condition for which the employee is seeking leave*, and be sure to sign the form on the last page.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee's name: William Withrow
 Provider's name and business address: Pulmonary Associates of
Critical Care Chas.
 Type of practice / Medical specialty:
 Telephone: (304) 400-4505 Fax: ()

1. Please provide the following information regarding the employee's medical condition.

Approximate onset date of condition: 4/16/17

Approximate duration of condition: 2 weeks

2. Is the employee hospitalized?

3. Has the employee been hospitalized for an overnight stay in a hospital, hospice, or residential medical care facility?

4. Please provide the date of admission and duration of stay:

4/16/17 to now (still adm. HCU)

5. Please provide the employee for the condition requiring leave: White lung

6. Please provide the date of treatment by you or another provider: 5/17/17

7. Does the employee require treatment visits at least twice per year due to the condition? ☐ No ☒ Yes

8. Will the employee be treated again in the future for this condition? Please provide dates of any such treatments, if scheduled, or, if no future treatments have been scheduled, please indicate when treatment may be needed.

9. Has the employee been prescribed over-the-counter medication, been prescribed? ☐ No ☒ Yes

10. Has the employee been referred to other health care provider(s) for evaluation or treatment (e.g., physical

2. Is the medical condition pregnancy? ☒ No ☐ Yes

If so, expected delivery date: _____

Use the information provided by the employer, if available, to answer these questions. If the employer has not provided a list of the employee's essential functions or a job description, please answer these questions based on the employee's own description of his or her job functions.

Is the employee unable to perform any of his or her job functions due to the condition? ☐ No ☒ Yes

If so, identify the job functions the employee is unable to perform:

Interaction like support, not able to
work at all.

Is the treating provider a chiropractor, does the treatment being provided to the employee consist of manual manipulation of the spine to correct a subluxation as demonstrated by an X-ray? ☐ No ☐ Yes

Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such as medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

patient in respiratory failure & liver failure
on the support on the LW.

PERIOD OF LEAVE NEEDED

Is the employee incapacitated from work? (Please select and complete one of the options below.)

Intermittently through 6-10mo, with an expected return to work on _____

Is the employee to be absent from work intermittently due to his or her condition before or after this time _____? If the employee will need to work a consistently reduced number of hours due to his or her condition during this period, please complete question 8.)

Intermittently and lasting for the following amount of time: unknown

Is the employee to be absent from work intermittently due to his or her condition before or after this time _____? If the employee will need to work a consistently reduced number of hours due to his or her condition during this period, please complete question 8.)

Is the employee to be incapacitated intermittently, not for a specific timeframe. (Please complete question 8.)

Is the employee to be absent from work a consistently reduced number of hours per day _____

Form **4506T-EZ**

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-0047

Rev. August 2014

▶ Request may not be processed if the form is incomplete or illegible.

Department of the Treasury
Internal Revenue Service

▶ For more information about Form 4506T-EZ, visit www.irs.gov/form4506ez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at irs.gov and click on "Get Transcript of Your Tax Records" under "Tools," or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.

Jessica Stoler

2a If a joint return, enter spouse's name shown on tax return.

1b First social security number or individual taxpayer identification number shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return.

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions).

2122 21st St. Nitro, WV 25143

4 Previous address shown on the last return filed if different from line 3 (see instructions).

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

Telephone number

Address (including apt., room, or suite no.), city, state, and ZIP code

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in line 5 before signing. Sign and date the form once you have filed in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign
Here

Signature (see instructions)

Phone number of taxpayer
on line 1a or 2a

Date

6-8-17 304 989 0516

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 531955

Form **4506T-EZ** (Rev. 08-2014)

STOLER_PENNYMAC_000870